

DEC 10 2004

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number: SC11150TH
In re Application of	Frank K. Baker, Jr.	
Application Number	09/772,830	
For	A MEMORY SYSTEM AND METHOD OF ACCESSING THEREOF	
Group Art Unit	2188	Group Art Unit 2188

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.

The requested extension and appropriate non-small-entity fee are as follows: (Check time period desired):

<input checked="" type="checkbox"/>	One Month (37 CFR 1.17(a)(1))	\$ 120.00
<input type="checkbox"/>	Two Months (37 CFR 1.17(a)(2))	\$ 410.00
<input type="checkbox"/>	Three Months (37 CFR 1.17(a)(3))	\$ 930.00
<input type="checkbox"/>	Four Months (37 CFR 1.17(a)(4))	\$ 1450.00
<input type="checkbox"/>	Five Months (37 CFR 1.17(a)(5))	\$ 1970.00

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the amount shown above is reduced by one-half, and the resulting fee is \$ _____

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees which may be required or credit any overpayment to
Deposit Account Number 503079

☒ I have enclosed a duplicate copy of this sheet.

I am the:

☐ Applicant/inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

☒ Attorney or agent of record (Registration No.: 41,711)

☐ Attorney or agent under 37 CFR 1.34(a)
Registration number if acting under 37 CFR 1.34(a)

12/10/04 Date

David G. Dolezal Signature
Type or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 form(s) are submitted

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted
to: Commissioner for Patents, Alexandria, VA 22313 on this date: 12/10/04

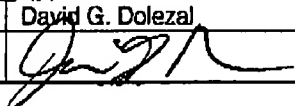
Typed or printed name ELMINE COY

Signature Elaine Coy

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<input type="checkbox"/>	Five Months (37 CFR 1.17(a)(5))	\$ 1970.00
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<input type="checkbox"/>	Attorney or agent under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a)	
12/10/04		12/10/04
Date		Signature
		David G. Baker
		Type or printed name
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/>	Total of 1 form(s) are submitted	
CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being facsimile transmitted		
to: Commissioner for Patents, Alexandria, VA 22313 on this date: 12/10/04		
Typed or printed name	ELAINE COY	
Signature	Elaine Coy	

FEE TRANSMITTAL Patent fees are subject to annual revision		Complete if Known	
		Application Number	09/772,830
		Filing Date	January 30, 2001
		First Named Inventor	Frank K. Baker, Jr.
		Examiner Name	Mehdi Namazi
		Group Art Unit	2188
TOTAL AMOUNT OF PAYMENT		(\$)	620.00
		Attorney Docket No.	SC11150TH

METHOD OF PAYMENT	FEE CALCULATION (continued)																																																																																																																																																																																																
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SUBMITTED BY Name (Print/Type): David G. Dolezal Signature:  Date: 12/10/04		Complete (if applicable) Registration No.: 41,711 Telephone: (512) 996-6830																																																																																																																																																																																															

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METHOD OF PAYMENT	FEE CALCULATION (continued)																																																																																																																																																										
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:</p> <p>Deposit Account Number: 503079</p> <p>Deposit Account Name: Freescall Semiconductor, Inc.</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee required under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input type="checkbox"/> Payment Enclosed</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>	<p>3. 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<p>SUBMITTED BY</p> <p>Name (Print/Type): David G. Dolezal</p> <p>Signature: </p>		<p style="text-align: center;"><i>Complete (if applicable)</i></p> <p>Registration No. 41,711 Telephone (512) 996-6839</p> <p>Date: 12/10/04</p>																																																																																																																																																									